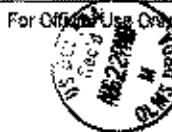


U.S. Department of Labor  
Office of Labor-Management  
Standards  
Washington, DC 20210

FORM LM-30  
LABOR ORGANIZATION OFFICER AND  
EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number <u>10913</u>	2. Fiscal Year Covered From: <u>1/1/04</u> Through <u>12/31/04</u>
3. Name and address of person filing.  Name <u>JOSEPH P. BOURGEOIS</u>	4. Name, file number, and address of labor organization.  Name <u>PIPEFITTERS LOCAL #636 U.A.</u> Labor Organization File Number <u>022479</u>
P.O. Box, Bldg., Room No., If any  Street <u>20728 Lee Ct.</u>	P.O. Box, Building and Room Number, If any  Street <u>30100 Northwestern Hwy</u>
City <u>Grosse Pté Woods</u>	City <u>Farmington Hills</u>
State <u>Mich.</u> ZIP Code + 4 <u>48236</u>	State <u>Mich.</u> ZIP Code + 4 <u>48334</u>
5. Position in labor organization. <u>Financial Secretary</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any  P.O. Box, Bldg., Room No., If any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Name of Person Filing

JOSEPH P. BOURGEOIS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name J.P. MORGAN Retirement Plan Services

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 9300 Ward Parkway

City KANSAS CITY

State MO

ZIP Code + 4 64114

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name PIPEFITTERS #636 DEFINED Contribution  
PENSIONS FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 30700 Telegraph Rd Suite 4601

City BINGHAM FARMS

State MI

ZIP Code + 4 48025

11.a. Nature of such dealing.

J.P. MORGAN  
PENSION EDUCATION / CLIENT CONFERENCE  
PALM BEACH FL.

473-04 thru 416-04

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

CLIENT CONFERENCE

VALUE OF Lodging / Educational Sessions  
RECREATIONAL ACTIVITIES / ENTERTAINMENT  
GAMES / MEALS

12.b. Amount. \$2465.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name LOOMIS SAYLES CO.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 39533 Woodward Ave.  
Suite 300

City Bloomfield Hills

State MI

ZIP Code + 4 48304

14.a. Nature of payment.

Money Management Fund

BUSINESS CONSULT

ANDIAMO'S - BIRMINGHAM

14.b. Amount of payment.

\$32.00

Name of Person Filing

Joseph P. Bourglois

File Number U.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (Including trade name, if any).

Name Pipefitters #636 Defined Benefit Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 30700 Telegraph Rd. Suite 4601City BINGHAM FARMSState MiZIP Code + 4 48025

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Pipefitters #636 Defined Benefit Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 30700 Telegraph Rd. Suite 4601City BINGHAM FARMSState MiZIP Code + 4 48025

11.a. Nature of such dealing.

Airbase CANCELLATION FEE  
IFEDBP 50th Annual Conference  
New Orleans, La  
11-29-12-31-04

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Educational conference  
for Advanced Trustees,  
re-imbursement of  
Airbase cancellation fee.12.b. Amount. \$100.00

C. Received from any employer (other than an employer covered under parts A and B, above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Loomis Sayles Co.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 39533 Woodward Ave.City Bloomfield Hills Suite 300State MiZIP Code + 4 48304

14.a. Nature of payment.

Money Management Fund  
Business Entertainment  
Great Oak G.C.  
Crichton Hosp. Foundation

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

\$90.00

Name of Person Filing

*JOSEPH P. BOURGEOIS*

File Number U-

8. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name *Pipefitters #636 Insurance Fund*

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street *30700 Telegraph Rd. Suite 4601*City *Bingham Farms*State *Mi*ZIP Code + 4 *48025*

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name *Pipefitters #636 Insurance Fund*

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street *30700 Telegraph Rd. Suite 4601*City *Bingham Farms*State *Mi*ZIP Code + 4 *48025*

11.a. Nature of such dealing.

*FEEDER - Health Care  
Management Conference  
Michigan City 11-15-11-17-04*

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

*Health Education Conference  
Re-imbursement of travel/  
subsistence expenses*

12.b. Amount.

*\$1606.*

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name *Loomis Sayles Co.*

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street *39533 Woodward Ave.*City *Bloomfield Hills, Suite 300*State *Mi*ZIP Code + 4 *48304*

14.a. Nature of payment

*Business Entertainment/  
Sporing Event.**Ryder Cup - One day pass  
Lodging /Dinner / Beverage*

14.b. Amount of payment.

*\$300.00*

13.b. Is the Business an Employer

or Consultant

?

**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**

**ATTACHMENT**

To the best of my knowledge this report contains all items which require disclosure.  
However, if something should come to my attention I will amend this filing.